

(703) 305-3734

SERIAL NO.

APPLICANT(S)

FIRM NAME

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						

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TOTAL IND.		4						
TOTAL DEP.		106						
TOTAL CLAIMS		110						